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HAIMS Team Aims to Meet User Community Needs

The Healthcare Artifact and Image Management Solution team began conducting Limited User Testing at Military Treatment Facilities, allowing functional users to evaluate the application in a production environment using live data in their day-to-day workflow. The LUT process helps identify potential gaps in existing technologies and design prior to implementation, ensuring the application meets the needs of the user community.

HAIMS provides clinicians with access to non-diagnostic radiological Picture Archiving and Communication Systems images outside of a PACS workstation. Using HAIMS, providers have the ability to store, search and access patients' health care artifacts and images within the application and access it from any location using its Web-based capabilities.

The HAIMS LUT kicked off on Sept. 13 at Madigan Army Medical Center in Washington and followed at Fort Irwin in California and Bassett Army Medical Center in Alaska.

The LUT process began at each Army site with the installation of the application, followed by one week of training. This process allows everyday users and site participants to learn the system's functionality through computer-based, instructor-led, role-based and over-the-shoulder training.

SITES SELECTED FOR HAIMS LUT Army

- Madigan Army Medical Center
- Fort Irwin
- Bassett Army Medical Center

Navy

- Balboa Naval Medical Center
- 29 Palms
- Camp Pendleton

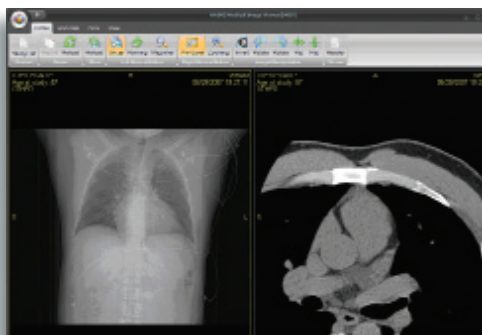
Air Force

- Andrews Air Force Base
- Patrick Air Force Base
- Bolling Air Force Base

Following initial LUT training, each site spent three weeks testing the system and validating its capabilities to determine whether HAIMS meets the needs of the user community prior to further development.

The HAIMS LUT will continue at the remaining Navy and Air Force sites through June 2011. Following the completion of LUT at all test sites, the HAIMS team will conduct site out-briefs to discuss test statistics, consolidate findings into one report and identify lessons learned based on overall end user assessments.

The BEAT staff writer Kate Zanoni contributed to this article.



HAIMS allows providers to store, search and access patients' artifacts and images from any location.

About The BEAT

Message from the PM

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Submit your story ideas or provide feedback to The BEAT via e-mail at DHIMSCommTeam@tma.osd.mil.

Subscribe to The BEAT, via e-mail at <http://dhims.health.mil>.

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As we celebrate the holidays, I'm reminded of the sacrifices our service members and their families make everyday. Their commitment to our freedom compares to none other, and I consider it our responsibility to ensure they receive comprehensive health care documentation.

I also want to take a moment of your time to tell you how much I appreciate the efforts of Army Col. Claude Hines, Deputy Program Executive Officer for Innovation and Delivery for the Joint Medical Information Systems, and his contributions to the Military Health System or, more importantly, to the care of our service members.

As we approach the year's end, the DHIMS Program Office took a moment to salute Col. Hines for his accomplishments to the Military Health System. The success of the Department of Defense's electronic health record is in great part due to Col. Hines and his drive to deliver quality products benefitting our nation's service members.

From Theater to Garrison, from shipboard to evacuation, Col. Hines ensured documentation of our beneficiaries' care, ensuring health care record availability to our



Army Col. DaCosta Barrow,
DHIMS Program Manager

providers regardless of their location. I want to thank him for that!

The wounded warriors on our battlefields today would not have their care documented electronically if it were not for Col. Hines. I appreciate your effort as a soldier, as the Program Manager of your legacy and as a friend. Thank you, Claude!

In this issue of *The BEAT*, you'll read about the Healthcare Artifact and Image Management Solution, which began limited user testing in September. In our Q&A, we speak with Nathan Zee of the Joint Medical Information Management System and we go "Around the Globe" to feature DHIMS team member's travels, showcasing our latest systems. Thanks for your continued support of the DHIMS mission. I wish you a wonderful holiday season and much happiness in the New Year.

Here to serve,
Army Col. DaCosta "Dee" Barrow

The BEAT is now available electronically. Read the latest online version, or download a print copy at <http://dhims.health.mil/newsletter>.

Program Office Salute to Colonel Hines

During his years of military service, Army Colonel Claude Hines Jr. witnessed a massive shift in the way the military views and relies on technology. But what the Deputy Program Executive Officer for the Military Health System now sees isn't so much how technology weaves into everyday clinical practice, but how critical it is to the sustainment and advancement of a comprehensive medical information management system.

As the former Product Manager for the Army's Medical Communications for Combat Casualty Care program, Hines led a team of clinical, training and technical personnel to the Theater of Operations, managing the initial planning of the Theater Medical Information Program-Joint system for the U.S. Army. These leadership efforts contributed to the historical breakthrough of electronically capturing medical care on the battlefield, replacing the military's paper-based Field Medical Card, which had been in use since World War II. An EHR pioneer, Hines formed strategic relationships with healthcare professionals and technology developers to ensure military medical personnel in the field



Army Col. Claude Hines, Jr.

received more efficient and reliable methods of documenting, viewing and reporting medical information.

Hines' success as the MC4 Product Manager, led to his selection as the Program Manager for TMIP-J in 2005, and in 2008, Hines served as Program Manager for the Defense Health Information Management System, playing an integral role in spearheading the future of the military's EHR, resulting in an increase in the MHS portfolio by \$1.8B. Continuing his career as a leader in the MHS EHR, Col. Hines was selected as Deputy Program Executive Officer for Innovation and Delivery in February 2010.

DHIMS EVENT UPDATE

Visit DHIMS at the following conferences:



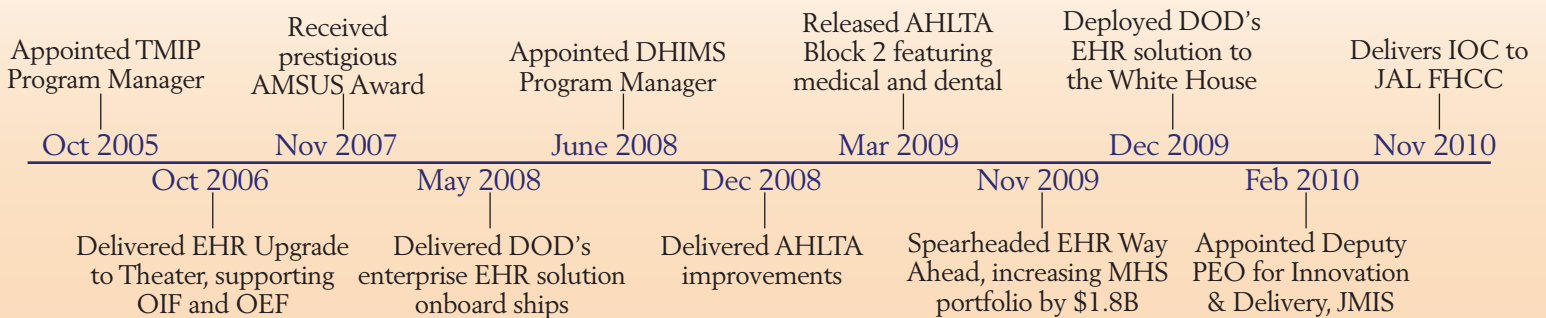
Military Health System Conference
National Harbor, MD,
January 24-27, 2011

Healthcare Information and Management Systems Society
Orlando, FL
February 21-24, 2011

In this ever-evolving technology landscape, the driving force behind the revolution in healthcare IT is the desire for providers to offer the best possible standard of care to each patient. Through Col. Hines' efforts, determination and visionary leadership, America's service men and women in uniform have complete medical records accessible worldwide to support their continuity of care from the battlefield and beyond.

The BEAT staff writer Cindy Nell contributed to this article.

TIMELINE of ACCOMPLISHMENTS



Q&A: In Step With Nathan Zee

In this issue, we talk with Nathan Zee, Deputy Program Executive Officer of Business Operations and Process Management for the Joint Medical Information Management System.

Can you describe your previous experiences and how they prepared you for this role as Deputy PEO?

Zee: My formal education centered around process management and improving business operations. As a nuclear submarine officer, I gained an appreciation for service members and attention to detail. Then I spent several years as a commercial management consultant, a government contractor and a civilian at Navy Headquarters focusing on process improvement and strategic planning, improving organization efficiencies and effectiveness.

What are your goals for JMIS and its program offices?

Zee: The Military Health System Information Management/Information Technology community crafted an excellent MHS IM/IT FY10-15 [Strategic Plan](#). My goals align with this, focusing specifically on streamlining the IM/IT lifecycle. This piece touches almost every aspect of our organization from requirements to Statement of Work/Statement of Objectives development, contracting, design, development, deployment and maintenance.

What challenges do you foresee for the MHS within the next three to five years?

Zee: We need to take a more agile approach. Reducing the cycle time to deliver new capabilities requires changes in how we do business from requirement integration to collaboration between

functional, technical, testing and information assurance communities.

How do you see your role as a critical part of the solution?

Zee: Business process improvement frequently comes in conflict with crisis management. In a high-performing organization, there is healthy conflict between the need to “follow processes” and the need to “get it done.” Without good processes, efforts ultimately take longer, but if an organization spends its time focused on processes, it can lose sight of meeting customer needs, which is most important.

Based on your goals, how do you measure success?

Zee: The Streamline IM/IT Lifecycle action plan provides specific metrics for cycle time and costs. However, we’re only successful if the program offices are successful. When they deliver capabilities in accordance with their cost, schedule and performance objectives, meeting customer satisfaction, my organization is successful.

What best practices do you wish to implement throughout JMIS?

Zee: The Annual Gartner IT Symposium revealed that “best practices” should not be blindly applied. What’s best for one organization may not be best for another. If we focus on our customers, delivering capabilities as quickly and cost effectively as possible, then our practices will be “best practices.”

Is there something we don’t know about you that you would like to share?

Zee: My wife just gave birth to our second daughter. If she’s



Nathan Zee conducts a presentation on effective leadership to an attentive DHIMS audience.

anything like our first, standardizing processes across the MHS will be easier than keeping our two girls out of trouble!

For more information, please contact DHIMS Communications at DHIMSCommTeam@tma.osd.mil or via fax 703-379-0604.

The BEAT staff writer Cori Hughes contributed to this article.

View the new EHR video on <http://dhims/health.mil>



Around the Globe

Become a fan of DHIMS on Facebook!

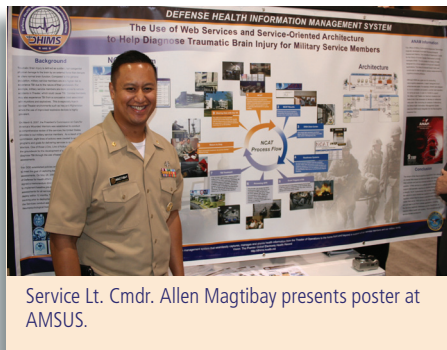
DHIMS Exhibits at Two Health IT Conferences

In an effort to reach out to stakeholders and the user community, DHIMS recently exhibited at two conferences: the 2010 Association of Military Surgeons of the United States Conference in Phoenix, Nov. 1-3, and the 2010 Interservice/Industry Training, Simulation and Education Conference, Nov. 29-Dec. 2.

I/ITSEC is the world's largest modeling, simulation and training conference offering presentations and exhibits showcasing the latest advances in modeling and simulation education, tools and technology.

AMSUS is the "Society of the Federal Health Agencies," and as such contributes

to the improvement of all phases of the Federal health services. At this year's conference, U.S. Public Health Service Lt. Cmdr. Allen Magtibay participated in a [poster presentation](#) on the Neurocognitive Assessment Tool, which monitors neurocognitive symptoms in



Service Lt. Cmdr. Allen Magtibay presents poster at AMSUS.

DHIMS Produces New EHR Video

DHIMS produced a video illustrating how health care provided to our service men and women is documented from the battlefield to the home front and on to the Department of Veterans Affairs. This video, titled *From the Battlefield to the Home Front, The Military's Electronic Health Record*, led the DHIMS Communications Team across the Atlantic for a front-line view of the

patient evacuation process from Ramstein Air Base to Landstuhl Regional Medical Center in Germany. The compilation of footage and one-on-one interviews, gave the team a personal perspective of the DOD's electronic health record continuum of care and how it benefits our nation's service members and their beneficiaries – a message the team could not be more proud to share.

Defense Veterans Eye Injury and Vision Registry Officially Commences

The Defense Veterans Eye Injury and Vision Registry team held a kickoff meeting on Oct. 14, bringing together the product team members, representatives from the Vision Center of Excellence and the product vendor. Army Col. Donald Gagliano, Executive Director of the Vision Center of Excellence, provided an overall mission and strategy for system development. He emphasized the importance of this initiative, explaining

the clinical data captured via DVEIVR will assist with the prevention of eye injuries; identification of best practices; collaboration with state and federal agencies promoting education; and it will leverage current departments of Defense and Veterans Affairs programs in an effort to enhance and expand quality of life for our nation's service members across the continuum of care.

patients, enabling baseline and post-event screening of possible mild traumatic brain injuries across the Services at all echelons of care.

Team Celebrates B2 R1 SP2 Release

The Integration and Support directorate of DHIMS celebrated the graduation of the Theater Medical Information Program Block 2 Release 1 Service Pack 2 software into its next phase of usage by the Services on Oct. 13. The directorate held a small reception recognizing the extraordinary efforts of the team. B2 R1 SP2 includes the Single Sign-On application enterprise capability and the Neurocognitive Assessment Tool for Theater environments. SSO allows users to log in once and gain access to multiple systems, and NCAT captures baseline neurocognitive assessments for service members.

"Soldiers are out there saving lives, cheating death and [they're] using our product to do it," said Chuck Updegrove, DHIMS Deputy Director of Integration and Support. "What an incredible mission we serve!"



Integration and Support team celebrates the release of B2 R1 SP2

Theater Medical Data Store Upgrade to Version 2.5.0.0

On Oct. 28, DHIMS released the latest upgrade to the Theater Medical Data Store. TMDS serves as the authoritative Theater database for service members' medical information, allowing users to track patients' disposition and display their longitudinal medical record information.

The new release, version 2.5.0.0, contains several new features and enhancements to the user interface and database architecture. A few of the new features include Auto-Registration, which allows military health care

providers to access TC2 registered patient data in TMDS. This reduces the need for additional manual entry. TMIP data sources (AHLTA-Theater and TC2) are now viewable on TMDS. Also included is an updated interface with TRAC2ES, which monitors and tracks patients leaving Theater via Air Force aero-medical evacuation. This interface now makes data available during patient transport. Lastly, TMDS has a tab where users can view patient data from the Veterans Affairs using the Bidirectional Health Information Exchange.

Theater Program Manager's Convene for FY11 1st Quarterly Meeting

Leaders from the U.S. Navy Theater Medical Information Program Service Infrastructure Office, TMIP-Maritime, hosted the Defense Health Information Management System, Medical Communications for Combat Casualty Care, TMIP-Air Force and TMIP-Marine Corps for the Quarterly Theater Program Manager's Meeting in Hampton Roads, Va., on Nov. 9.

During the event, Theater program managers, product managers and project leaders discussed the status of actions stemming from the group's

last meeting and upcoming initiatives regarding the TMIP family of systems.

The TMIP Service Infrastructure Offices are responsible for deploying the solutions acquired by DHIMS to the Theater of Operations. TMIP is the military's enterprise family of systems designed to aid deployed medical personnel in all levels of care on the battlefield, including complete clinical care documentation, medical supply and equipment tracking, patient movement visibility and health surveillance.



Theater Program Managers engage in Theater-focused EHR discussion

Medical Situational Awareness in Theater Officially Released to the Services

DHIMS released version 1.2.0.0 of the Medical Situational Awareness in Theater to the Services on Oct. 31. MSAT is a Web-based application that combines information from multiple communities to provide a common operating picture as well as decision support for Combatant and Joint Task Force Commanders Surgeon staffs. MSAT will link information that encompasses disease and non-battle related injuries; physical and psychological trauma; patient tracking; chemical and biological threats; environmental and occupational health; intelligence; Command and Control data; personnel; unit locations and weather.

MSAT v1.2.0.0 capabilities include:

- MSAT Alert Center Enhancements
 - o MSAT Administrator can set thresholds for supply, equipment and bed shortages
- MSAT Data Filtering
 - o MSAT can leverage data filtering via JMeWS portal
- MSAT Plume Viewing
 - o MSAT Users can add and display CBRNE plumes on the map
- MSAT Additional Data Sources
 - o Flight Control displays friendly and unfriendly tracked objects on map
- NCES Web Services
 - o Registered two new Web services on NCES (Military Treatment Facility List and MTF Contact information)
- MSAT Population Count Capability
 - o MSAT Users can display population count for a region using a spatial filter
- JMeWS Reporting
 - o Reports were ported from JMeWS as canned reports in JMeWS Portlet

AHLTA Tips & Tricks

Maximizing Your Dragon Experience

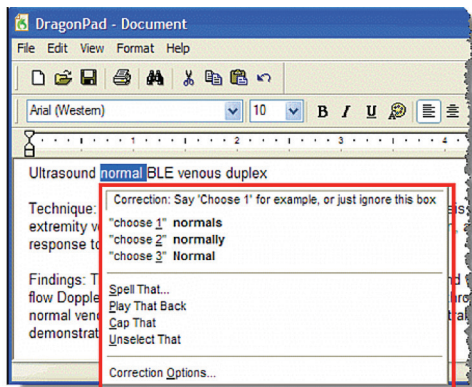
When you trained on Dragon Naturally Speaking, were you initially enthralled and later disappointed by its accuracy (or lack thereof)? Chances are good that if the accuracy steadily declined, it's because the software inadvertently trained the application to do so. Dragon always 'learns' based on the verbal input it is provided. When you

simply highlight an incorrect word and re-type it, Dragon never 'learns' the intended word. It will continue to make the same mistake or, worse yet, apply what it thinks it has learned to other words! Try these tips to improve your Dragon's accuracy and you'll be flying high in no time! The next time Dragon doesn't recognize a word, do not manually re-type it or simply re-say it. Use one of the Dragon correction methods below.

Here are four options (in order of suggested sequence) for making corrections within Dragon:

1. Using the Correction Menu:

- a. Say "Select" <word>, or manually highlight the word and say "Correct That".
- b. (If you see the correct word in the drop-down) Say "Choose" <number>.



2. Using the Spell & Train Words Dialog Boxes:

- a. Say "Select" <word>, or manually highlight the word and say "Correct That".
- b. Click "Spell That".

- c. Type in the correct word.
- d. Click "Train".
- e. Say "Go".
- f. Say both words (the unrecognized version and the corrected version).
- g. Say "Done".

3. Using the Vocabulary Editor:

- a. On the DragonBar, click Words -> View/Edit and the Vocabulary Editor will appear.
- b. Type the word in the Written Form field.
- c. Click "Add".
- d. Click "Train".
- e. Say "Go".
- f. Say the new word.
- g. Say "Done".

4. Using the Vocabulary Editor in Context:

COUNTDOWN TO EHR AWARENESS SHOWCASE



DHIMS takes its show on the road in an effort to educate system users on the latest capabilities, initiatives and recent successes of the DOD's current electronic health record. The DHIMS Education and EHR Awareness Showcase kicks off to select Military Treatment Facilities starting in January 2011.

If you are interested in a one-day event at your local MTF, e-mail EHROpenHouse@tma.osd.mil for more information.

- a. If word is still not recognized, try adding a phrase to the Vocabulary Editor that contains the word.
- b. For example the word "MAPS" could be trained as "MAPS Initiative" for context.

Note: You can also select or highlight any word or phrase and simply say "Train That" to do a spot correction as well.

For MAPS Resources and additional information please see the MAPS portal at <https://vmc.amedd.army.mil>.